Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	09-19-2012	Address:	<u>1606 PHEASANT RUN #14</u>
Incident #:	12ISPC005552		HUNTERTOWN, IN.
County:	ALLEN		<u>46748</u>
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
	onal Lab al/Glassware/Equipment (only) te (only)	☐ Residence☐ Outbuilding☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) ☐ Lithium/Ammonia Reaction(s): BEDROOM			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Hydrochloric Acid Gas Generator(s): <u>BEDROOM</u>			
Anhydrous Ammonia:			
Corrosive Acid: BEDROOM			
Corrosive Base: <u>BEDROOM</u>			
☑ Other (item and location): <u>BEDROOM COLD PACK</u>			
Child under age 18 discovered (check appropriate) Yes (number present) No Children not present but evidence they reside or visit often Living conditions of home: □ clean □ disarray □ unclean Estimated length of time manufacturing had been occurring: Additional Information:			
This repor	t has been faxed* to the following a	gencies that serve th	e location:
Health Dep	ment: <u>HUNTERTOEN FD</u> eartment: <u>ALLEN CO</u> t of Child Services:	Fax: <u>E-MA</u> Fax: <u>E-MA</u> Fax:	AILED
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>ANDREW SMITH</u> Phone <u>260-432-8661</u>			

^{*} This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.